

Federal Hotel and Motel Fire Safety Declaration Form

Use this form to report your property's compliance with the Hotel and Motel Fire Safety Act of 1990 (P.L. 101-391)

Property Manager _____

Property Name _____

Street Address _____

City, State, Zip _____

Phone Number for Reservations (_____) _____ e-mail _____

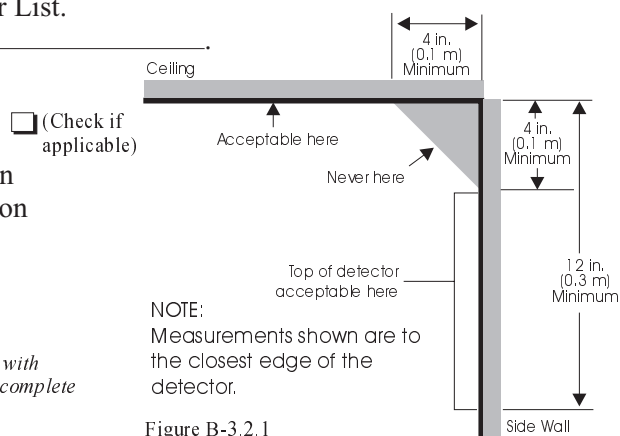
This form is being submitted to (check one):

- ☐ Add a previously unlisted property to the National Master List.
- ☐ Correct, change, or edit an existing entry on the National Master List.
FEMA number of existing entry, if known _____.
- ☐ Delete the following entry from the National Master List.
FEMA number of existing entry, if known _____.

Smoke Detectors

1. Each guest room is equipped with at least one hard-wired single station smoke detector installed in accordance with National Fire Protection Association (NFPA) Standard 72 (*see illustration at right for guidance*). Note: smoke detectors that are solely battery operated do *not* qualify.

(Copyright © 1991 NFPA. Excerpted with permission from NFPA Standard 72. See complete standard for full specifications)



Automatic Sprinkler Systems

Sprinklers

Number of Floors _____

- ☐ 2. This property is three or fewer stories in height and is therefore exempt from the Act's automatic fire sprinkler requirements.
- ☐ 3. **If sprinklers installed before October 25, 1992** -- This property has an automatic sprinkler system installed in compliance with an applicable standard (adopted by the governmental authority having jurisdiction, and in effect, at the time of installation), provided such standard required the placement of a sprinkler head in the sleeping area of each guest room.
- ☐ 4. **If sprinklers installed on or after October 25, 1992** -- This property has an automatic sprinkler system installed in accordance with NFPA Standard 13 or 13R, whichever is appropriate, in accordance with the requirements of the Act.

Fax or Mail the completed form to US Fire Administration

I hereby attest that the information supplied on this form is true and accurate to the best of my knowledge and belief. Therefore, _____ (name of property) is entitled to be included in the national master list of public accommodations compiled by the United States Fire Administration and included in the Federal Travel Directory published by the General Services Administration. I understand that this information is subject to verification by federal, state, and local fire authorities, and that I am subject to fines of up to \$10,000 and/or imprisonment for up to five years if I knowingly make false or fraudulent statements to the government.

Signature _____ Date _____ Print Name _____

Title _____ Organization _____ Phone Number _____

For more information contact the United States Fire Administration, 16825 S. Seton Ave. Emmitsburg, MD 21727
Tel. 301-447-1272, Fax 301-447-1102